

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-587,624

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		4				
6		①				
7		①				
8		①				
9		①				
10		①				
11		①				
12		①				
13		①				
14		①				
15		①				
16	1					
17	1					
18		1				
19		1				
20		1				
21		1				
22		5				
23		①				
24		①				
25		①				
26	1					
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		7				
34		7				
35		①				
36		①				
37		①				
38		①				
39		①				
40		①				
41		①				
42		①				
43			1			
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	57	←		←		←
TOTAL CLAIMS	61					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58			1			
59				1		
60				1		
61				1		
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	21	←		←
TOTAL CLAIMS			24			